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*Receipt*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Frederic P. Messinger and Bruce E. Nevin

Application No.: 09/345903

Group Unit: 2773

Filed: July 1, 1999

Examiner: N/A

For: METHOD AND APPARATUS FOR SOFTWARE TECHNICAL SUPPORT AND  
TRAINING

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<p align="center"><b>CERTIFICATE OF MAILING</b></p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231 on</p> <p align="center"><u>9/16/99</u> Date</p> <p align="center"><u>Raquel Howard</u> Raquel Howard</p>
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**REQUEST FOR CORRECTED FILING RECEIPT**

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

Sir:

In view of the recently filed Declaration/Power of Attorney, we hereby request that the following items of information be corrected in the Filing Receipt for the subject application.

The correspondence address should be addressed to David J. Thibodeau, Jr., not the customer number (021005).

Enclosed is a copy of the Filing Receipt with changes noted in red. Please make the changes as noted above, and issue a Corrected Filing Receipt.

Since the errors were made by the U.S. Patent and Trademark Office and not by Applicants or Applicants' Attorney, it is understood that there are no additional fees for the requested corrected Filing Receipt.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By

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Date: 9/15/99



# FILE COPY #2

SERIAL NUMBER 09/345,903	FILING DATE 07/01/99	CLASS 345	GROUP ART UNIT 2773 2173	ATTORNEY DOCKET NO. CIS-1212
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APPLICANT

FREDERIC P. MESSINGER, GROTON, MA; BRUCE E. NEVIN, EDGARTOWN, MA.

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\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

NONE

ml

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

NONE

ml

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

NONE

ml

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/29/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 18	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials <u>ml</u> Initials <u>ml</u>						

ADDRESS

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TITLE

METHOD AND APPARATUS FOR SOFTWARE TECHNICAL SUPPORT AND TRAINING

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